

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825413

Entity Name: EQUITRUST LIFE INSURANCE COMPANY

Current Principal Place of Business:

222 WEST ADAMS STREET
SUITE 2150
CHICAGO, IL 60606

FILED
Apr 27, 2021
Secretary of State
7401777428CC

Current Mailing Address:

401 PENNSYLVANIA PARKWAY
SUITE 300
INDIANAPOLIS, IN 46280 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MILLER, PAUL A.
Address 222 WEST ADAMS STREET
SUITE 2150
City-State-Zip: CHICAGO IL 60606

Title CHIEF OPERATING OFFICER
Name NORTON, JOSEPH S.
Address 222 WEST ADAMS STREET
SUITE 2150
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR, PRESIDENT, CEO
Name HOLOMAN, ERIC L.
Address 9100 WILSHIRE BLVD.
SUITE 700 E
City-State-Zip: BEVERLY HILLS CA 90212

Title CHIEF LEGAL OFFICER, SECRETARY
Name MILLER, PAUL A.
Address 222 WEST ADAMS STREET
SUITE 2150
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name CULLEN, DENNIS A.
Address 222 WEST ADAMS STREET
SUITE 2150
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name RIGERT, MICHAEL J.
Address 222 WEST ADAMS STREET
SUITE 2150
City-State-Zip: CHICAGO IL 60606

Title CHIEF INVESTMENT OFFICER
Name MATHENY, KENYATTA K.
Address 222 WEST ADAMS STREET
SUITE 2150
City-State-Zip: CHICAGO IL 60606

Title VICE PRESIDENT OF ACCOUNTING,
CONTROLLER
Name THOMPSON, GREGORY
Address 222 WEST ADAMS STREET
SUITE 2150
City-State-Zip: CHICAGO IL 60606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL A. MILLER

SECRETARY

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date